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# 2-Gen Economic Mobility Programs Report

**April 2022**



# **DEPARTMENT OF TRANSITIONAL ASSISTANCE 2-GEN ECONOMIC MOBILITY PROGRAMS REPORT**

*APRIL 2022*

## **REPORT OVERVIEW**

Pursuant to line item 4401-1003 of the fiscal year 2022 (FY22) General Appropriations Act (GAA), the Department of Transitional Assistance (DTA) is required to report on the status of the administration of a Two-Generational (2-Gen) grant program that supports economic mobility among high-risk young parents. The grant program is jointly administered by DTA and the Department of Public Health (DPH) through the Massachusetts Pregnant and Parenting Teen Initiative.

## **DEPARTMENT OF TRANSITIONAL ASSISTANCE MISSION**

DTA's mission is to assist and empower low-income individuals and families to meet their basic needs, improve their quality of life, and achieve long-term economic self-sufficiency. We do this through a comprehensive system of programs and supports, including food and nutritional assistance, economic assistance, and employment supports. DTA serves one out of every seven people in the Commonwealth including working families, children, elders, and people with disabilities.

## **THE TRANSITIONAL AID TO FAMILIES WITH DEPENDENT CHILDREN PROGRAM**

Transitional Aid to Families with Dependent Children (TAFDC) provides financial assistance and employment programming to families with children, and pregnant women, with little or no income. TAFDC is operated under the federal Temporary Assistance for Needy Families (TANF) block grant. Participants receive child care and transportation assistance to support their engagement in education, training, or other employment related activities. Certain TAFDC participants are required to perform a work-related activity as a condition of eligibility.

In recent years, DTA has emphasized removing economic mobility barriers through policy reforms and the enhancement of the Department's employment support programming. Beginning with our Young Parent Program RFR in 2018, the Department has implemented a 2-Gen approach in many of its employment and training programs. The 2-Gen approach recognizes that outcomes for parents and children are intertwined and can be amplified when services recognize and address the needs of the whole family.

Additionally, DTA has focused on increasing support and opportunities for young parents in recent years so that they might receive more coordinated and streamlined services. This work is administered through an interagency working group with leadership and representation from DTA and DPH as well as DCF, DHCD and other agencies that have a role in serving young parents.

## **2-GEN ECONOMIC MOBILITY PROGRAMS FOR HIGH-RISK YOUTH**

Following an initial investment of \$2.5 million in the state's fiscal year 2021 (FY21) GAA, DTA entered into an interagency service agreement (ISA) with the Department of Public Health to administer a 2-Gen grant program that supports economic mobility among high-risk young

parents and leverages cross-sector collaboration of service delivery through the Massachusetts Pregnant and Parenting Teen Initiative (MPPTI). For more than a decade, MPPTI has provided multidisciplinary, team-based case management for young parents in Massachusetts, with a goal of increasing life opportunities and enhancing family stability among expectant adolescents and young families in priority populations and communities.

In FY21 DTA and DPH awarded grants through a competitive process to seven community-based agencies to provide targeted support to high-risk expectant and parenting adolescents using the MPPTI model. All funded agencies serve at least one community with high teen birth rate (Tier 1 community), while some agencies also serve a Tier 2 community with lower teen birth rates in geographic proximity.

Priority Community – T1/T2	Agency
Lawrence/Methuen	Family Services of the Merrimack Valley
Lowell	Community Teamwork, Inc.
Brockton	Brockton Neighborhood Health Center
New Bedford	Meeting Street
Chelsea/Everett	Roca, Inc.
Springfield/Holyoke	The Care Center
Fitchburg	LUK

To continue the important work of the program, an additional \$2.5 million was allocated in the FY22 GAA.

Since the partnership between DTA and DPH began, MPPTI has served 483 young parents; 331 began receiving services in FY21 and 152 began receiving services in FY22. Demographics for program participants can be found in **Table 2** on the next page. Of those served to date, forty-seven percent (47%, or 227 participants) were COVID-19 response participants, meaning that they received services 1-3 times to meet urgent needs related to the effects of the COVID-19 pandemic, like housing or rental assistance, utility payment assistance, food, transportation, and assistance with applying for benefits. Fifty-three percent (53%, or 256 participants) were MPPTI participants, meaning they received more comprehensive ongoing services, including not only meeting urgent basic needs related to the effects of the COVID-19 pandemic, but also case management, health promotion, education/employment, and child health/parenting services and resources.

**Table 2  
MPPTI Participant Demographics, FY21-F22**

Age at Intake			Housing at Intake		
	Number	Percent		Number	Percent
15-19 years	147	30%	Lives with Parents or Partner's Parents	201	42%
20-24 years	327	68%	In Apartment/House	140	29%
25 years	7	1%	In Supervised Shelter/ Supportive Housing/ Hotel/Motel	37	8%
Unknown/Not reported	2	<1%	Friend or Relative's House	94	19%
			Somewhere Else	11	2%
Gender			School Status at Intake		
	Number	Percent		Number	Percent
Male	41	8%	Not in School	278	58%
Female	443	92%	In HiSET Program	106	22%
Sexual Orientation			In Higher Education/College Program	44	9%
	Number	Percent	In Middle School/High school	44	9%
Straight/Heterosexual	434	90%	Other/Not reported	11	2%
LGBQ	43	9%	Employment Status at Intake		
Unknown/Not reported	9	2%		Number	Percent
Race & Ethnicity*			Not Employed	320	66%
	Number	Percent	Employed Full-time	77	16%
American Indian/Alaska Native	11	2%	Employed Part-time	86	18%
Asian	8	2%	Ever involved with DCF at Intake		
Black	60	12%		Number	Percent
Latinx/Hispanic	344	71%	Yes	110	23%
White	57	12%	No	374	77%
Declined to state	9	2%	Benefits Received at Intake*		
Other	14	3%		Number	Percent
Primary Language			WIC	336	70%
	Number	Percent	DTA	259	54%
English	232	48%	Transportation Benefits	71	15%
Spanish	206	43%	Healthy Families	60	12%
Portuguese	13	3%	Childcare Assistance	41	8%
Haitian Creole	6	1%	Early Intervention	41	8%
Cape Verdean Creole	7	1%	Head Start or Early Head Start Program	19	4%
Other	18	4%	Section 8/Housing assistance	17	4%
Pregnancy Status at Intake			SSI	14	3%
	Number	Percent	Parents as Teachers	6	1%
Pregnant/Expecting	103	21%	None	96	20%
Parenting/Postpartum	379	78%	Other	19	4%

*\*Total will not add up to 100% because participants could select more than one category.*

Among all 483 young parents served, ninety percent (90%) received concrete supports; fifty-two percent (52%) received personal health promotion and counseling; thirty-nine percent (39%) received education and/or employment supports; forty-two percent (42%) received parenting support, and forty-one percent (41%) received child health services. A breakdown of services provided can be found in **Table 3**. At the end of FY22, additional evaluation of the program will be conducted to measure changes from intake to 6+ months after program enrollment, particularly for outcomes such as education and employment.

TABLE 3 MPPTI SERVICES PROVIDED, FY21-F22			
Type of Service	Number	Percent	Services Included
Concrete Supports	432	90%	Housing assistance, utility payments, food, clothing, transportation, childcare, child needs (diapers, formula, toys, books), benefits assistance
Personal Health	253	52%	Reproductive health care/counseling, mental & behavioral health services, primary care, violence prevention & intervention, breastfeeding support, OBGYN care, childbirth classes, health insurance enrollment assistance, nutritional counseling, dental hygiene/oral health, substance use prevention & counseling, nurse health promotion & counseling, sexuality education
Parenting Skills	204	42%	Parenting education & resources, time management, stress management, self-care support, parenting groups, health relationship skill-building, communication skills
Education / Employment support	187	39%	HiSET classes, vocational training, technology access, mentorship, education & career planning, college planning, financial aid assistance, tutoring, life skills (financial literacy, budgeting, etc.)
Child Health	198	41%	Early education & care, childcare, early intervention, well child/pediatric care, dental services, nurse health promotion & counseling, nutritional counseling

## CONCLUSION

Throughout the agencies' collaboration in this work, the importance of young parents' voices in providing quality services and supporting economic mobility has become increasingly clear. Since FY21, the Massachusetts Pregnant and Parenting Teen Initiatives (MPPTI) have supported 521 families, an increase of approximately 70% in the number of families served in the original MPPTI model that ended in June 2020. The investment of \$2.5M has been instrumental for this population; it has allowed young parents to access COVID-19 response concrete supports that would not have been available otherwise.

DTA and DPH, along with community providers and young parents, have recently been selected as members of the System Alignment for Young Families Learning Academy through the American Public Human Services Association. This Academy will bring together six cross-sectional state teams to advance alignment of health and human services systems to better serve and support young families.